



#19

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number 201487/1030 (SEN-002PCT-US)										
<p>CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____.</p> <p>Signature: _____ Name: _____</p>												
<p>In re Application of Karube et al.</p> <p>Application Number 09/623,970 Filed March 12, 1999 For SITE-SPECIFIC CELL PERFORATION TECHNIQUE</p> <table border="1"> <tr> <td>Group Art Unit 1636</td> <td>Examiner Bronwen M. Loeb</td> </tr> </table>			Group Art Unit 1636	Examiner Bronwen M. Loeb								
Group Art Unit 1636	Examiner Bronwen M. Loeb											
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table border="1"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)</td> <td>\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)</td> <td>\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)</td> <td>\$ 985.00</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input checked="" type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>14-1138</u>. I have enclosed a duplicate copy of this sheet.</p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)	\$ _____	<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)	\$ _____	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)	\$ _____	<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)	\$ 985.00
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$55/\$110)	\$ _____											
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$205/\$410)	\$ _____											
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$465/\$930)	\$ _____											
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$725/\$1450)	\$ _____											
<input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$985/\$1970)	\$ 985.00											
<p>I am the <input type="checkbox"/> applicant/inventor</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record.</p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p>												
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>												
<u>June 9, 2003</u> Date		 Signature Michael L. Goldman Typed or printed name										
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p>												

06/11/2003 MAHMED1 00000117 09623970

02 FC:2255

985.00 OP

SEND TO: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

R690423.1